

IMPLEMENTATION GUIDE

Smart Options for Screening (SOS)

*Using an Evidence-Based Program to develop
a process model for program delivery in the practice setting*

Note: Refer to “Putting Public Health Evidence in Action”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Putting Public Health Evidence in Action” is available online at:
<http://cpcrn.org/pub/evidence-in-action/>

I. Program Administration (Type of Staffing and Functions Needed)

Programmer/IT Staff

- Sets up the electronic health record (EHR) system to track patients and screening status
- Identifies patients due for colorectal cancer (CRC) screening

Administrative Support

- Mails screening options brochure
- Mails intervention letter with fecal occult blood test (FOBT) or fecal immunochemical test (FIT) kit
- Mails reminder letters

Medical Assistant (MA) or Licensed Practical Nurse (LPN)

- Calls patients who do not complete CRC screening within 3 weeks of receiving reminder letter in order to determine screening intent
- Refers to the registered nurse (RN) patients who prefer colonoscopy or sigmoidoscopy, need assistance in making a screening choice, or could not be reached

Registered Nurse

- Uses motivational interviewing to support the patient in making screening determination
- Schedules appropriate screening tests
- Follows up on positive screening results

II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Putting Public Health Evidence in Action”.

A. Program Materials (*All listed materials can be viewed and/or downloaded from the RTIPs Products Page*):

Automated Care

- **SOS Auto Continued (Group 2) Work Flow:** This one-page, black and white document describes the work flow for administrative support.

Assisted Care

- **SOS MA Electronic Medical Records Training:** This is a one-page checklist used to monitor and support the training of MAs on using the EHR.
- **SOS MA LPN and RN Work Flow Diagram:** This colorful, one-page diagram outlines the work flow of the MA, LPN, and RN from patient identification through referral for colonoscopy screening.
- **SOS Assisted (Group 3) Work Flow Diagram:** This is a one-page black and white diagram that outlines the MA/LPN work flow from patient identification through referral for colonoscopy screening.
- **SOS Updated MA_LPN Protocol:** This 4-page protocol for MA/LPN describes five steps to guide the telephone intake, colorectal screening intent, and assistance processes.

Navigated Care

- **SOS MA LPN and RN Work Flow Diagram:** This colorful, one-page diagram outlines the work flow of the MA, LPN, and RN from patient identification through referral for colonoscopy screening.
- **SOS Nurse Navigation (Group 4) Work Flow:** This is a one-page, black and white diagram that outlines the RN work flow from patient identification through follow-up calls and referrals for colorectal screening.
- **SOS RN Motivational Interviewing Training:** This is a two-page resource used to train RNs in delivering counseling to participants using motivational interviewing.
- **SOS RN General Overview of Counseling:** This is a one-page resource for providing training on counseling patients using the 5As approach (Ask, Assess, Advice, Agree, and Arrange).

- **SOS Updated RN Protocol:** This three-page protocol for RNs describes the five steps to guide the telephone intake, colorectal screening intent, and assistance processes.
- **SOS Quality Assurance for Positive FOBT-FIT Completion of Diagnostic Testing and Follow-up:** This one-page fax form is used to document appropriate care after a positive FOBT/FIT.

Automated, Assisted, and Navigated Care

- **SOS ICD Codes:** This is a two-page listing of the inclusion and exclusion criteria based on International Classification of Diseases—Revision 9 (ICD-9) codes for diagnoses and Current Procedural Terminology (CPT) codes for procedures (Note: corresponding ICD-10 codes are currently used).
- **SOS Preferred Language:** This is a one-page listing of preferred language used as a resource to help communicate with patients about CRC screening.
- **SOS Updated FIT Instruction Sheet:** This two-page instructional sheet explains how to complete the FIT test.
- **SOS Intervention Letter mailed with FOBT kit:** This is a one-page letter sent to patients along with the FIT kit.
- **SOS Follow-up Letter:** This one-page reminder letter is sent after 3 weeks to patients who do not complete the FIT test.
- **SOS Updated Screening Options Brochure:** This two-page brochure is mailed to participants before the SOS intervention letter to provide information on CRC screening options.

B. Program Implementation:

The steps used to implement this program are as follows:

Step 1: The programmer builds the EHR-linked ACCESS database and selects participants based on the following criteria:

- Aged 50–75 years
- At average risk for CRC and due or overdue for screening, including:
 - No completed FOBT screening within the past 12 months
 - No flexible sigmoidoscopy within the past 5 years
 - No colonoscopy within the past 10 years

Step 2: The administrative staff take the following steps:

- Obtain commercially available FIT kits
- Mail SOS Updated Screening Options Brochure
- Mail SOS Intervention Letter and FOBT/FIT kit with pre-stamped return envelope

- Mail reminder letter 3 weeks later if the patient does not return FOBT/FIT kit
- Track and update the EHR database with participant information and screening status

Step 3: The MA or LPN takes the following steps:

- Initiates up to three phone calls to patients who do not complete FOBT/FIT
- Helps patient to problem solve barriers to screening
- Schedules call or appointment with provider if requested
- Refers patients who require further assistance to the RN

Step 4: The RN takes the following steps:

- Assesses the patient's screening intention
- Assists the patient in choosing a screening test
- Assesses the patient's risk of colon cancer
- Schedules appropriate screening tests for the patient
- Provides the patient with instructions on the preparation for the different tests
- Provides follow-up on the patient's positive test results

III. Program Evaluation

For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Putting Public Health Evidence in Action”.

<http://cpcrn.org/pub/evidence-in-action/>

For further assistance in designing and conducting an evaluation, consider communicating with members of NCI's Research to Reality (R2R) Community of Practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoReality.cancer.gov/discussions>.